

2022

## A Qualitative Case Study of Supervisors Experiences Related to Distance-Based Supervision

Blake Sandusky

*Arkansas State University - Main Campus, [wsandusky@astate.edu](mailto:wsandusky@astate.edu)*

Kristine Ramsay-Seaner

*South Dakota State University, [kristine.ramsayseaner@sdstate.edu](mailto:kristine.ramsayseaner@sdstate.edu)*

Staci Born

*[staci.born@sdstate.edu](mailto:staci.born@sdstate.edu)*

Charlotte Heckmann

*South Dakota State University, [Charlotte.Heckmann@jacks.sdstate.edu](mailto:Charlotte.Heckmann@jacks.sdstate.edu)*

Ffion Davies

*University of Wyoming, [fdavies@uwyo.edu](mailto:fdavies@uwyo.edu)*

Follow this and additional works at: <https://digitalcommons.sacredheart.edu/jcps>



Part of the [Counselor Education Commons](#), and the [Online and Distance Education Commons](#)

---

### Recommended Citation

Sandusky, B., Ramsay-Seaner, K., Born, S., Heckmann, C., & Davies, F. (2022). A Qualitative Case Study of Supervisors Experiences Related to Distance-Based Supervision. *Journal of Counselor Preparation and Supervision*, 15(2). Retrieved from <https://digitalcommons.sacredheart.edu/jcps/vol15/iss2/5>

This Empirical Research Article is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Journal of Counselor Preparation and Supervision by an authorized editor of DigitalCommons@SHU. For more information, please contact [ferribyp@sacredheart.edu](mailto:ferribyp@sacredheart.edu), [lysobeyb@sacredheart.edu](mailto:lysobeyb@sacredheart.edu).

---

# A Qualitative Case Study of Supervisors Experiences Related to Distance-Based Supervision

## Abstract

The COVID-19 pandemic created a rush to provide counseling and supervision services via distance-based technology. This study was conducted prior to the COVID-19 pandemic; however, it offers some insight into the process of providing distance-based supervision (DBS) to mental health trainees and professionals. Utilizing a multiple case study design, 10 counseling supervisors who had experience providing DBS were interviewed to understand their experiences. Five themes emerged from the data including reasons for providing DBS, benefits and challenges to DBS, and a desire for change to current training structures. Implications for supervision and suggestions for future research are provided.

## Keywords

technology, distance-based supervision, advocacy, qualitative research

## Author's Notes

We have no conflict of interest to disclose. This work was funded by the North Central Association for Counselor Education and Supervision (NCACES). NCACES is a division of the Association for Counselor Education and Supervision (ACES), a division of the American Counseling Association (ACA).

Correspondence concerning this article should be addressed to Blake Sandusky, College of Education and Behavioral Science, Department of Psychology and Counseling, PO Box 1560 State University, AR 72467, United States. Email:wsandusky@astate.edu

## **Introduction**

The COVID-19 pandemic required the mental health profession to undergo a drastic shift in clinical services and supervision to an online format. Now more than ever before, technology is inexorably tied to the future provision of mental health and supervision. Distance-based supervision (DBS) is a form of supervision using technology to connect the supervisor and supervisee. It has been in practice for more than 17 years (Dubi et al., 2012) with earlier iterations utilizing telephones. Even before the COVID-19 pandemic, students, mental health professionals, educators, and supervisors were increasingly connecting through video-conferencing and other telemental health modalities for supervisory purposes. DBS enables mental health trainees to access services necessary for professional advancement and to provide highly needed services in mental health shortage areas.

## **Literature Review**

### **Technology Assisted Distance Supervision**

Numerous terms have been used to describe the practice of using technology in supervision. For the purpose of this article, the term DBS will be used to describe the practice of using electronic telecommunication technology to provide technology assisted supervision (Dawson et al., 2011; McAdams & Wyatt, 2010). DBS occurs in real-time or live online environments usually through a webcam (Dubi et al., 2012), and proper equipment and connection is critical (Breen & Drew, 2012; Nasiri & Mafakheri, 2015; Rousmaniere & Renfro-Michel, 2016). Carlisle et al. (2017) summarized that the Health Information Technology Standards of 2012 (Department of Health and Human Services) mandate the use of encrypted and secure hyperlinks as well as utilization of secure and protected hyperlinks. Most popularly, webcams are used

through Internet software platforms to deliver DBS, such as Adobe Connect, Web CT, GoToMeeting, and Zoom (Dubi et al., 2012).

### ***Benefits and Challenges of DBS***

Authors have highlighted the benefits and challenges of DBS. Benefits include providing a convenient, flexible, and accessible means to conduct this important professional activity (Carlisle et al., 2017; Dubi et al., 2012; Lund & Schultz, 2015; McAdams & Wyatt, 2010; Nasiri & Mafakheri, 2015; Rousmaniere & Renfro-Michel, 2016). Challenges of DBS include securing information and protecting confidentiality through communication through technological means (Carlisle et al., 2017; Rousmaniere & Renfro-Michel, 2016). Confidential information shared during DBS requires supervisors to consider the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), the ethical code of the American Counseling Association (ACA), among other professional ethical codes, as well as the governance of laws in which supervisors, supervisees, and clients reside (Carlisle et al., 2017).

Further, physical proximity has been described as a drawback in DBS because of the missed opportunity for supervisors to assist with immediate crises situations as well as being unavailable for informal drop-in supervision (Breen & Drew, 2012; Lund & Schultz, 2015; McAdams & Wyatt, 2010). Others have noted that DBS does not provide important face-to-face nonverbal cues; therefore, supervisors and supervisees may experience more frequent miscommunication (Breen & Drew, 2012; Lund & Schultz, 2015; Nasiri & Mafakheri, 2015; Vaccaro & Lamble, 2007). It is also worth noting that individuals may have limited access to broadband technology depending on cultural and societal factors including rural areas, low socioeconomic status, educational attainment, age, and race which may impact their ability to participate in DBS (Pew Research Center, 2018).

### ***Guidelines for DBS Practice***

Exacerbating matters, mental health supervisors are liable to provide clear provisions on the practice of distance-based supervision if this is the modality in which they connect with their supervisees (ACA, 2014; NASW, 2017). In the absence of clear guidelines and policies, the responsibility lies on the supervisor conducting DBS (ACA Code of Ethics, 2014, see section F.2.a; NASW Code of Ethics, 2017, see section 3.01a). Innovation introduces challenges as experimentation may undermine restrictions and policies for best practice. Therefore, in the absence of such regulations and policies, the responsibility is on the supervisor to be aware of standards of practice in their jurisdiction (Lund & Schultz, 2015; McAdams & Wyatt, 2010).

Yet, language, guidance, and standards governing DBS are unclear from state-to-state. The current ACA Code of Ethics (2014) provides an overview of technology assisted distance counseling; however, parameters for DBS are brief and ambiguous (see Section F.2.c). While not explicitly addressed in their Code of Ethics, the National Board of Certified Counselors (NBCC) addresses DBS in the Policy Regarding the Provision of Distance Professional Services document available on their website. While the Board Certified – TeleMental Health Provider (BC-TMH) credential has been developed to provide training, knowledge and credibility to the practice of technology-assisted counseling and includes nine online modules and a final examination, the additional cost may be prohibitive for some mental health professionals.

As DBS increases in popularity and necessity, it is essential that the counseling field understand the experience of supervisors conducting DBS, including the technology that they utilize, the training they receive, and the perceived limitations of the platform to ensure the safety of supervisees and the public. With this information, technological guidelines can be developed to be broad enough to address specific issues related to DBS while also providing opportunity for

continued technological advancement in the field of counseling supervision (Lund & Schultz, 2015). The purpose of the present study, conducted prior to the COVID-19 pandemic, was to understand how counseling supervisors provide counseling supervision through video-based technology and their overall experiences with DBS. The research question outlined in this study is “What are the lived experiences of counseling supervisors who have provided distance based supervision?”

## **Methods**

This study utilized a multiple-case study design as it allows for exploratory analysis of a problem within a bounded-system (Creswell, 2013). It is best defined as an instrumental case study as it sought to understand the process of DBS. Yin (2009) asserts that a case study design is appropriate when: (a) the focus is on answering “how” and “why”; (b) the behavior of those involved in the study cannot be manipulated; (c) the intention is to address contextual conditions because it is believed to be relevant to the phenomenon under study; or (d) boundaries are not clear between the phenomenon and the context. The researchers opted to include multiple supervisors as part of this study to enable confirmation of emergent themes.

## **Participants**

Purposeful sampling was utilized to identify counseling supervisors who had provided DBS (Palinkas et al., 2015). For the purpose of this study, the supervisor had to be a (1) Licensed Professional Counselor providing supervision for licensed-eligible counselors in the field, (2) a Doctoral student currently enrolled in a CACREP-accredited Counselor Education and Supervision program, or (3) a Counselor Educator in a CACREP-accredited program. Individuals were required to also have provided DBS to either a group or individual supervisee(s). Prior to soliciting research participation, the research team received approval from the Institutional Review

Board. The authors utilized CESNET, a nationwide counselor educator and counseling listserv, to recruit the 10 counseling supervisors who participated in this study. Summary of participants are in Table 1. Participants were offered a \$25 Amazon gift card to incentivize participation.

**Table 1**

*Summary of Participants*

Alias	Age	Gender	Licensure	DBS Supervision Experience	Location
Kate	35	Female	LPC	1 year	New Jersey
Patrick	33	Male	LPC	6 Years	North Carolina
Melinda	31	Female	NCC	1 Year	Wyoming
Nicole	30	Female	LPC	3 Months	Missouri
Oliver	46	Female	LPC	1 Year	Kentucky
Amile	30	Female	LPC	2 Years	Idaho
Charles	46	Male	N/A	1 Year	Pennsylvania
Jay	33	Male	LMHC	5 years	Florida
Abby	25	Female	LPC	4 Months	Colorado
Flash Gordan	52	Male	LPC-S RPT-S	10 Years	New Hampshire

The majority of the supervisors who participated in the study self-identified as female (6). Racial/ethnic demographic information was not collected as part of this study. Six of the participants were faculty members and three were enrolled in doctoral programs. Four of the

faculty members and two of the doctoral students also self-identified as professionals providing counseling services. Only one of the participants did not indicate holding a license or professional credential. Six participants identified as Licensed Professional Counselors (LPC), one identified as a Licensed Mental Health Counselor (LMHC), one identified as holding the National Certified Counselor (NCC) certification, and one identified as a Licensed Professional Counselor Supervisor (LPC-S) and a Registered Play Therapist Supervisor (RPT-S). Two of the supervisors had provided DBS for less than a year at the time of the study, six had provided DBS for 1-5 years, and two had been providing DBS for over 5 years. Finally, the supervisors who participated in this study represented three Association for Counselor Education and Supervision (ACES) regions: (1) the Southern Association for Counselor Education and Supervision, (2) the North Atlantic Region for Counselor Education and Supervision, and (3) the Rocky Mountain Association for Counselor Education and Supervision.

### **Role of the Researchers**

The first and second author of this study conducted the interviews and analyzed the data. Both identify professionally as counselor educators. The first author identifies as a White male and has over three years of experience providing distance-based supervision in a rural state. At the time of data collection and analysis, the first author worked in a non-CACREP accredited program with a satellite campus which required bi-weekly DBS. The second author identifies as a Multiracial female and has limited experience providing DBS but does not provide supervision in her current professional role. The CACREP-accredited university that the second author works at provides DBS to students during internship due to the rurality of the state and region. The researchers bracketed their diverse supervision experiences to limit the impact of the DBS experiences of the first author during collection and analysis. To protect the quality and



trustworthiness of the study, an external auditor with no prior experience providing DBS was utilized during data collection and data analysis.

### **Data Collection**

The first two authors conducted semi-structured interviews via Zoom, which were recorded and transcribed. A 14-question semi-structured interview protocol was utilized to ensure that all participants in the study were asked the same questions related to distance-based supervision. The primary focus of the semi-structured interviews was how the participants engaged in DBS with supervisees and their overall attitudes and perceptions of utilizing distance-based methods for counseling supervisory purposes. All the interviews were 30-45 minutes in length. Following the data collection and analysis phase of the study, all the participants were emailed the identified themes and invited to provide feedback and clarification.

### **Data Analysis**

Consensual Qualitative Research (CQR) guided the data analysis portion of this study (Hill et al., 1997). As recommended, each of the primary researchers independently completed the open coding phase of analysis (Yin, 2009). After coding each interview, all of the interviews were analyzed and synthesized to identify initial themes. Once the researchers thoroughly analyzed and reviewed all of the interviews independently, they held a consensus meeting to ensure intercoder agreement (Creswell, 2013). After they reached consensus, they provided the data to the external auditor to review. External auditor feedback was incorporated in thematic data revision.

### **Trustworthiness**

CQR recommends that researchers utilize at least two forms of validity procedures to ensure the trustworthiness of the study (McLeod, 2011). The first type of validity procedure utilized in this study is member checking. This validation strategy is important in case study

research design as it ensures that the participants “play a major role directing as well as acting in case study research” (Stake, 1995, p. 115). All of the participants were provided with the thematic results of the data analysis and asked to provide feedback on the accuracy. Additionally, as required in CQR, an external auditor was asked to examine all of the data to ensure the accuracy of the thematic results and to limit impact of researcher bias.

## **Results**

The researchers determined five themes emerged from participant data. These themes are grouped around supervisors’ reasons for providing DBS, challenges to providing DBS, skills needed by the supervisor providing DBS, modifications made when providing DBS, and a desire for changes in the profession to prepare both supervisors and supervisees to use technology in supervision services.

### **Theme One: Reasons for Providing DBS**

The reasons for providing DBS emerged from within the supervisors’ experiences and developed into three sub-themes: advocacy for rural communities, out of necessity, and due to benefits of using DBS.

#### ***Advocating for Rural Communities***

It was important for supervisors to offer DBS for supervisees practicing in rural settings and advocating for their communities. In these instances, supervisees would not have been able to practice without considerable hardships to meet with a supervisor. The participants deemed providing DBS as a way to advocate for mental health services in rural communities, which are often underserved. One participant, Melinda (NCC), stated:

In such a rural state with high rates of suicide and substance use, we need more counselors.

So, to get the counselors where I need them, I have to be able to use distance options for supervision so I can cast a wider net.

Further, Melinda identified DBS as a way for her to help resolve some disparities in rural mental health care, “[DBS] wasn’t just a solution to a problem, [DBS] was a way to get creative and deliver supervision in a way that felt ethical but still addressed the issues of working in a rural area.”

Additionally, participants Patrick (LPC) and Amile (LPC) identified a positive nature to supervising those who have a desire to provide mental health services to their rural communities. Patrick identified the benefits and positives inherent stating, “I’ve just had really great experiences with people. [I] feel like I really need to do this for the people I live around.” Amile identified positives stating:

I was supervising a student in her town. There was no chance of any mental health person coming to that town. She was in this town for the last fifteen years and she saw that mental health was a really big issue for what she was going through and she took it upon herself, ‘I need to do this for my community’. She felt called to do it to help the town she was in.

### ***Out of Necessity***

Times arise when counseling supervisees need supervision but are not able to meet face to face. Therefore, distance-based supervisors offer DBS out of necessity. Some of these instances may include, as stated above, living in a rural community without an available supervisor, connecting with a supervisor then relocating, required additional supervision due to gaining licensure through reciprocity from another state, family constraints, and financial hardships with traveling many hours to meet a supervisor face to face.

Participants identified that DBS was a way for them to continue or begin supervision when otherwise supervision would not be physically possible. Kate (LPC) stated,

I have two different private practice offices in two different locations; so, I [am] on site, but my time is limited given I am a full-time professor. I will say one of the things I *can* offer you is [DBS].

Kate later added, “I do [DBS] as a supplement to a supervisee having trouble getting to my office.”

Other participants further clarified that the necessity for providing DBS solved problems that were inherent in attempts to provide specialist supervision through logistical difficulties. Flash Gordan (LPC-S, RPT-S) stated, “At that time in the state there were three supervisors in the entire state, so it was either do distance or individuals were driving 250 miles. It was out of necessity, there were very few [RPT-S] at that time.”

### ***Ingrained Benefits***

Participants discussed specific benefits to DBS. There were four benefits that emerged from participant data. These benefits are apparent ingrained benefits related to the nature of conducting clinical supervision using distance-based technology.

The first benefit is (1) convenience. DBS supervisors and supervisees can meet anytime without a need to meet face to face. This led some participants to discuss being able to meet with supervisees without a physical location. Jay (LMHC) stated “One of the best things is that it is convenient for myself and for the supervisee. It is much easier to set something up and to get something going.” Kate (LPC) discussed the convenience of having resources ever present on her computer and not having to keep physical copies. Kate stated, “I can share my screen using my computer, otherwise I don’t know if I would have that [resource] physically with me. So that made things a lot easier for me.”

(2) Flexibility is a second ingrained benefit of DBS since supervisors and supervisees are able to meet at any time online. There isn't a need to focus on the physical logistics of the meeting. Melinda (NCC) stated, "[DBS] has fit really well. It has given us a way to offer a different kind of training and support that I may not be able to offer face to face." Additionally, there is no need to be concerned with weather related issues that may cancel a physical supervision meeting. Melinda further stated, "We use this option for inclement weather too because in our state we get a lot of snow and when [supervisees] come from two hours away to get to supervision they can't [make the drive]."

A third ingrained benefit to DBS is (3) accessibility to each other at any time or place where there is an adequate internet connection and when both parties are able to meet ethical standards of maintaining confidentiality. Melinda (NCC), a counselor educator participant, discussed having more access to her students in clinical courses has helped her to build better relationships with her students. She stated,

It has been really nice doing the distance supervision in these clinical courses because I get to see and interact with them more frequently than I get to in my class format. I get to know them more as individuals as opposed to only getting to see them once a month.

Furthermore, not only do supervisors have increased accessibility to supervisees but transversely supervisees have increased accessibility to supervisors. As Abby (LPC) discussed,

They have more access to me as their supervisor. If they have a question about something, they don't have to wait a month to ask me about it ... in a more intimate way even though it is on the internet.

Lastly, distance-based supervisors conducting group supervision using DBS can (4) add diversity into their group supervision. This ingrained benefit could be of great significance to

supervisees. Since supervisees are not limited to a specific meeting location, a distance-based group supervision session could include members from varying states, nationalities, urban centers, rural communities, etc. Charles stated, “[DBS provides] the overwhelming ability to connect to people outside of our individual communities. [We are] able to connect with people all over the country and there are people who need that.” Charles expanded,

The students in that class ... some in rural areas, some in large cities, so the quality of the experience that they brought to the practicum class I think might be richer than if we just had a face to face class. The diversity that was brought in and their ability to see what a site looks like in a major city, this is some of the issues with a site in a rural area, so I think in that respect they got a richer experience.

## **Theme Two: Challenges to Providing DBS**

Participant data supported several sub-themes around challenges inherent in DBS. These challenges were both interpersonal and technological. Most of the sub-themes discussed here are connected with sub-themes identified for skills needed by supervisors using DBS, discussed further in theme three. The connection of challenges and skills in DBS could lead one to better understand the unique qualities of DBS.

### ***Difference to Building a Strong Supervision Relationship***

Participants identified there is an inherent difference to building a strong supervision relationship in DBS over face to face supervision. Distance based supervisors meet a supervisee through a medium that does not allow for full viewing of nonverbal behavior and is different from meeting a supervisee face to face. Nicole (LPC) identified, “You don’t have the same, you know you see the shoulders up and are not seeing leg movements and hand movements. It is easier to develop a relationship when you are face to face versus via the internet.” Jay (LMHC) included,

“I felt like sometimes there was a disconnect because I wasn’t in the room with the person; so, that is, I would say a big difference with in person.” Additionally, Charles discussed,

I think sometimes you can read a person better if you are sitting right there in front of them.

You can hear things or see things that you don’t see online because just right here you only see my face you can’t see anything else [because of] the way I have the camera situated.

Further, Nicole identified that conducting face to face supervision was faster and more efficient than conducting DBS, stating,

The relationship I think is built quicker with face to face, and, at some point in time maybe

I feel like I need to see them face to face and have a different kind of discussion with them.

When it is distant it is harder to really do that.

Nicole summarized, “Sometimes face to face is easier with certain things.”

Overall participants identified that building connections with distance supervisees took more time and was different from the supervision relationship they had with face to face supervisees. Melinda (NCC) stated,

I think that the connection is different, and my doctoral students talk about that because my doctoral students who help me do supervision have never met my students in person, ever. Their only interactions with them are online and they talk about not feeling the same connection with the distance students that they do because they are also doing in person supervision at the same time they are doing distance supervision.

### ***Not in Control of Technology***

Distance based supervisors are not in control of technology and must be able to overcome issues with lack of connection when they arise. Participants identified that issues with technology come up from time to time and that there is no way to know when those issues will arise. Jay

(LMHC) stated, “The technology ... for whatever reason, the internet connection [keeps] going out or a student can’t get their video or sound working.” Furthermore, Melinda (NCC) stated, “there is a bit of a learning curve with the use of technology.”

### ***Not in Control of the Supervisee’s Environment***

Likewise, distance base supervisors identified having no control over the supervisees’ environment could be a challenge. There were a few areas of concern with meeting the supervisee online in their own home, work, or area they are able to get a connection. Melinda (NCC) expanded,

The control over the supervision space [is an issue] because if we were in my office, I could close the door and it’s quiet. I have some amount of control over the space, and I can focus more on what we are doing. But, when students are not there, there are often times where there are a lot of distractions that are going on in the environment.

Participants also identified some specific challenges with meeting supervisees in their own environment. One challenge, detailed above, was decreasing distractions with Melinda stating,

It’s one of those things where I don’t know if I am allowed to say “Hey, you can’t have your kid in the room” or not, I haven’t been able to figure out where the boundary of my control over their environment is.

Flash Gordon (LPC-S, RPT-S) identified that the number of distractions in the environment can hinder the supervision process, stating, “I feel sometimes it is difficult to get them to the level of processing that I want them to be able to do in supervision because of the distractions in the environment around them.” Charles summarized his difficulty stating,

If it is face to face supervision, I can control the environment because the students are there with me; but there have been instances when the online platform where I don’t always



know where that student is going to be calling in from. I have had students calling in from cars, work, from their homes with birds and kids in the background. So that presents some challenges.

### ***Maintaining Professional Relationships***

Participants identified some specific challenges with maintaining a professional relationship. Oliver (LPC) stated, “Supervision is just as important even though it’s online; [professionalism] is important.” In addition, distance-based supervisors experience challenges in professional and ethical guidelines to ensure confidentiality. DBS supervisors worry about the audio accessibility, both volume and hacking, only to the supervisee as well as ensuring technology supports confidentiality and HIPAA compliance. Melinda (NCC) summarized, stating,

If they are doing it at their office or their work someone walks in to ask them something or to get some things off the copier or whatever, there’s a concern over confidentiality. I don’t know what to do about that level of concern.

### **Theme Three: Skills of Distance Based Supervisors**

Participant data supported sub-themes associated with specific skills that participants found useful to them as DBS supervisors. Some of these skills are specific to using technology for supervision while others could possibly be useful to DBS supervisors due to perceived increased challenges in DBS practice.

#### ***Flexibility***

Distance based supervisors need to be flexible in the structure of sessions including moving session times and days as well as in being open to learning new aspects of DBS due to ever changing technological abilities. Jessica stated, “I am constantly thinking, ‘Oh wow, I didn’t even know that’ or ‘Okay, I got to pay attention to that now’ whenever I go to a new training.” Jay

(LMHC) further discussed being specific in starting his supervision session early to be able to adjust as needed stating, “We both login before the session starts to check everything in case we need to do something different because the [technology] isn’t working.”

### ***Knowledge of Technology***

Additionally, distance-based supervisors have knowledge of technology. They are able to troubleshoot technology issues as they arise and to impart their understanding of using distance-based technology to their supervisees. Melinda (NCC) discussed intentionally staying informed of changes to technology stating, “Training on the use of software is important because if you are going to use some kind of online platform, having training is important.” Patrick (LPC) identified his willingness to overcome technology issues due to his own knowledge of technology. This led him to remain engaged in DBS rather than letting technology issues keep him from practicing DBS. He stated, “I am the type of person that is interested in technology, so I think a lot of this comes easier simply because of my personal interest and my willingness to stick with it and deal with the problems and looking for new technology to apply.”

### ***Understanding of HIPAA Requirements***

Moreover, distance-based supervisors understand HIPAA requirements related to technology. Multiple participants discussed the importance of upholding HIPAA requirements in supervision. Flash Gordon (LPC-S, RPT-S) also identified that he invested considerable amounts of time to ensure that he is following HIPAA requirements. He stated,

I spend a lot of time on platform specific and high tech HIPAA [to understand] all of that. There are some trainings that are not specific, and others that tell you really deep information to pick the best platform [that will] not put you in a situation for liability.

Abby (LPC) stated, “I was worried about HIPAA and I had to take into consideration when I was using technology. I definitely did research to make sure that the platforms I was using were appropriate.”

#### **Theme Four: Modification Made to Provide Distance Based Supervision**

Participants identified that due to perceived challenges and needed skills they, at times, modified the structure of their DBS supervision meetings. These changes were viewed as warranted to ensure effective supervision for the supervisee.

##### ***Having Face to Face Meetings***

Changing the structure of DBS to include face to face meetings may seem counterproductive to using technology. However, the instances for having face to face meetings seemed to be due to helping build the relationship and discuss difficult topics. Having face to face meetings with supervisees either at the beginning or as needed helped build the supervision relationship. Face to face meetings allowed distance-based supervisors to build a more traditional supervision relationship and/or to emphasize the importance of the content discussed such as unethical behavior. Jessica stated, “I would ask for the first meeting to be face to face so we can get to know each other. So, I will kind of have two contacts before we get to a place of commitment.”

##### ***More Structure than Face to Face Supervision***

DBS also involves more structure than face to face supervision as Oliver (LPC) stated, “I think it just comes with added stipulations to supervision.” These structures include communication to supervisees regarding how to maintain professional behavior and confidentiality. Additionally, distance-based supervisors and supervisees may be in different states or countries so specifying the date and time is important due to time zone and international date

line differences. Flash Gordon (LPC-S, RPT-S) discussed, “I was supervising someone that was in South Africa and time difference and stuff like that [was important].” He further stated, “I have to also have some form of identification so that I know that I am actually dealing with the person I am supposed to be dealing with. So, [it requires] some kind of ID to set the process up.”

Distance based supervisors have also sent supervisees information regarding supervision prior to the initial meeting or after the initial meeting. This information includes supervision structure, technology use, contingency plans for technology issues, and plans for emergency events. Jessica stated, “I send them all my professional statements, give them time to review it, and then we have another meeting via video to discuss it. So, I will have two contacts before we get to a place of commitment.” Melinda (NCC) discussed checking in with her supervisees prior to engagement in supervision to check on their level of comfortableness with technology stating,

I ask a few questions around their own knowledge of technology and things like what is their bandwidth capability and familiarity with different platforms. Things like how old is your computer and how up to date it is, and I check on their own skill level just to see if it is a good fit.

### **Theme Five: Concerns with Current Training Structure**

Participants discussed their experiences with entering into a field they were not fully prepared for. Among these experiences were lack of formal training in DBS and lack of identified learning outcomes for competence in DBS.

#### ***Lack of Formal Training***

A lack of preparedness on behalf of the profession for a shift to a DBS model is apparent. There is a lack of formal training concerning offering supervision using a distance-based

technology platform. Participants identified themes supporting the lack of training to prepare them for providing DBS.

Participants did not identify any specific specialized training in providing DBS. While most participants did identify training in supervision through their professional organizations or doctoral level training there was no formalized training to provide supervision outside of traditional face-to-face modalities. Abby (LPC) stated,

I have not received any training. I did have a supervision course, and I do get supervision on my supervision, but specific training for distance learning, I had to seek out my own consultations to make sure it was ok.

Charles discussed taking initiative to seek out gaining a better understanding of DBS stating,

I think it's one of those things where my program ... is pretty traditional in the sense that in the supervision course we focused on supervision issues and development models and theories. There was not a whole lot of specific training on [DBS] outside of individual projects in class. I would say the training that I have got in terms of distance supervision has really been self-done because I have an interest in technology.

Additionally, Melinda (NCC) identified, along with other participants, that she did not have specific training in DBS, stating, "I don't know if I have had any [training] specific to distance supervision to be honest. We had a class on supervision and we went over supervision theories and the general supervision process."

### ***Lack of Consistency in DBS Credentialing***

While there are credentialing available for telemental health providers, there is a lack of consistency in DBS credentialing. Participants identified a lack of credentials specific to providing supervision through distance technology with Patrick (LPC) stating, "I don't know how you would

get continuing education for distance supervision because I haven't heard anybody talking about or presenting about it."

Some participants discussed their understanding of training and credentialing specific to providing mental health services via technology through various providers. However, participants were not able to identify any credentials related to providing DBS. Melinda (NCC) stated,

I know that there was a few credential things NBCC [offered] to get you distance certified counselor, but in terms of supervision via distance supervision I haven't really seen any of it. I have done a lot of it but I haven't actually received any I don't believe.

## **Discussion**

DBS supervisors' experiences provide insight into the practice of DBS at a time when the profession is thrust into addressing specifics of this unique form of counseling supervision. Further research regarding experiences of DBS after the COVID-19 pandemic is warranted with undoubted continued use of DBS even after resolution of the COVID-19 pandemic. DBS supervisors in the present study identified experiences surrounding their reasons for engaging in DBS while also expressing concerns with conducting DBS without much training or best practice guidelines to structure their supervision practice.

DBS supervisors identified that there were specific purposes that they engage in DBS including as a way to advocate for mental health in rural communities. It was identified by participants that some rural communities do not currently have mental health providers due in part to supervision requirements. For instance, the entire state of Montana has been identified by the Health Resources and Services Administration as a mental health shortage area (Rural Health Information Hub, 2021). Counselors and trainees might not be able to practice in some rural communities because a supervisor is not available and/or the logistics of gaining supervision would

be impossible (Breen & Drew, 2012; Dubi et al., 2012). DBS may enable the expansion of mental health services in rural communities and to continue to support mental health professionals both during and after the COVID-19 pandemic.

Additionally, DBS supervisors identified that DBS has some ingrained benefits. These include flexibility, convenience, accessibility, and increased diversity in group supervision for supervisees practicing in communities with limited diversity. DBS also eliminates the need for physical location and proximity (Nasiri & Mafakheri, 2015; Vaccaro & Lambie, 2007). Also, participants identified that DBS for group supervision allows for creating supervision groups of an indefinite number of possible group combinations potentially increasing group diversity. This could be beneficial not only for counseling supervisees, but also specifically for those who do not have access to experiences with diversity within their own communities (Breen & Drew, 2012).

Conversely, the participants identified several challenges to conducting DBS. These challenges, similar to the benefits, are inherent in the use of technology to practice DBS (Nasiri & Mafakheri, 2015; Rousmaniere & Renfro-Michel, 2016). There were identified challenges to developing a supervision relationship including communication difficulties due to internet connections as well as an inability to read supervisee nonverbals through the webcam. As access to broadband services increases nationally, issues related to digital communication may shift or cease. Additionally, increased training related to intervention techniques and technology assisted communication could benefit DBS supervisors as the availability of telemental health services continues to gain in prominence and with increased widespread technological communication throughout the COVID-19 pandemic.

Further, the participants identified that as a DBS supervisor there were some skills beyond those of providing face to face counseling supervision that benefitted a DBS supervisor. Not

surprisingly, a supervisor practicing DBS requires some in-depth knowledge of technology (Nasiri & Mafakheri, 2015; Rousmaniere & Renfro-Michel, 2016). Further, DBS supervisors must understand technology applications of HIPAA including the importance of confidentiality and adherence to HIPAA standards. It is imperative that DBS supervisors understand how this law affects their supervision practice. It should be noted that during the COVID-19 pandemic, HIPAA relaxed some regulations related to the provision of telehealth services (U.S. Department of Health & Human Services, 2020). It is possible that some supervisors who first engaged in DBS during COVID-19, did so in ways that may breach HIPAA protocol. Overall, further technology education and knowledge of confidentiality laws past that required for counselor supervision is needed for DBS supervisors.

Due to the inherent benefits and challenges to DBS the participants identified some changes they implemented. Some participants discussed including face-to-face meetings when available. Others indicated sending supervision documents ahead of the scheduled first meeting. As DBS may be more dynamic than traditional supervision, participants described having to be more structured and plan further in advance for supervision meetings.

Finally, there is currently no consensus among licensing boards for credentialing DBS supervisors as well as a lack of consensus among accreditors regarding what training DBS supervisors need (Dawson et al., 2011; McAdams & Wyatt, 2010). It could be assumed that post COVID-19 licensing boards and professional organizations will see the need for more structure with implementing DBS. As of 2021, CACREP has accredited 58 online programs with more universities likely to pursue online programming as a result of COVID-19. As there has been increased training and focus on the provision of telemental health, the same emphasis is now needed for distance-based supervision. Most state licensing boards have requirements related to



the training necessary for licensed professionals to provide supervision to non-licensed clinicians. These requirements may be updated to include specific training requirements related to the provision of DBS.

### **Implications for Counseling Supervisors**

While the findings of this study identified some of the challenges that exist in the provision of DBS, they also highlighted clear benefits for supervisors and supervisees. First, the DBS may enable supervisors and counselor educators to engage in advocacy in rural communities. A significant portion of the United States has been identified as a mental health shortage area. The availability of DBS may remove an existing barrier for non-licensed clinicians living in rural communities who may feel as though they cannot serve their communities due to a lack of supervision. Moreover, it may enable counseling programs to grow their reach. As online education remains a sought after modality for learning counseling skills, regulations and training related to the provision of DBS are critical.

Additionally, due to the nature of DBS, there is a built in level of flexibility in the practice. While clear steps should be taken to ensure both the supervisor and supervisee are complying with existing standards and regulations, it does allow for schedule adjustment. Throughout COVID-19, DBS has likely enabled continuity of care for clients while also ensuring personal safety. It is also recommended that supervisors engage in significant planning prior to taking on a supervisee for DBS. Questions they may consider prior to starting DBS include: (a) what form of HIPAA-compliant software will we use these for services, (b) how will we handle issues related to internet disruptions, (c) what type of environment do I expect the supervisee to be in when we are conducting DBS, (d) what should the supervisee do if an emergency were to occur, and (e) how

will they assess if DBS is appropriate for this supervisee? Supervisors may also need to develop an alternate supervision agreement to reflect the differences in the nature of the supervision.

### **Strengths, Limitations, and Future Research**

The supervisors included in this study represented a variety of geographic regions and experiences. Yet, the majority of the participants identified as Counselor Educators. Therefore, their experience may be different than supervisors who have not completed a doctoral program and likely have not completed coursework specifically related to supervision. Additionally, the inclusion of supervisors from other mental health professions including Social Work and Psychology may have revealed different experiences related to the training and implementation of DBS. Finally, the majority of the participants had been providing DBS for less than 5 years. The inclusion of more supervisors with significant long-term experience providing DBS, may have revealed different insights. That being said, a more recent introduction to DBS may have enabled our participants to better reflect on how they engaged in the process.

As previously discussed, this study was conducted prior to COVID-19. Further research is required to understand how COVID-19 shaped the implementation of DBS for supervisors who may have adopted the practice out of necessity. This may also provide insight as to whether supervisors plan to continue to engage in DBS post-pandemic. Additionally, as the number of accredited, online helping profession programs continues to increase, research is required to understand how they are structuring and engaging in DBS. Finally, the majority of supervisee related DBS research focuses on the experience of students. It is imperative that studies are conducted that focus on non-licensed clinicians receiving DBS.

Further research should include a broader interdisciplinary focus. These may include other mental health disciplines that offer supervision such as social work and psychology. Additionally,

including those individuals who have longer-term experience with DBS may provide further understanding of benefits and challenges to DBS. Lastly, the COVID-19 pandemic has surely changed the way supervisors use and implement DBS. Future studies should be conducted to further understand the benefits and challenges to supervisors utilizing DBS.

## References

- American Counseling Association. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>
- Breen, D. J., & Drew, D. L. (2012). Voices of rural counselors: Implications for counselor education and supervision. *VISTAS Online*. Retrieved June 29, 2021, from [https://www.counseling.org/docs/default-source/vistas/vistas\\_2012\\_article\\_28.pdf?sfvrsn=d1b3a9bb\\_11](https://www.counseling.org/docs/default-source/vistas/vistas_2012_article_28.pdf?sfvrsn=d1b3a9bb_11)
- Carlisle, R. M., Hays, D. G., Pribesh, S. L., & Wood, C. T. (2017). Educational technology and distance supervision in counselor education. *Counselor Education and Supervision*, 56(1), 33-49. <https://doi.org/10.1002/ceas.12058>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage Publications.
- Dawson, L. A., Harpster, A. M., Hoffman, G., & Phelan, K. (2011). A new approach to distance counseling skill development: Applying a discrimination model of supervision. *VISTAS Online*. Retrieved June 1, 2021, from [https://www.counseling.org/resources/library/VISTAS/2011-V-Online/Article\\_46.pdf](https://www.counseling.org/resources/library/VISTAS/2011-V-Online/Article_46.pdf)
- Dubi, M., Raggi, M., & Reynolds, J. (2012). Distance supervision: The PIDIB model. *VISTAS Online*. Retrieved June 1, 2021, from [https://www.counseling.org/resources/library/vistas/2012\\_Vol\\_1\\_67-104/2\\_2012-ACA-PDFs/Article\\_82.pdf](https://www.counseling.org/resources/library/vistas/2012_Vol_1_67-104/2_2012-ACA-PDFs/Article_82.pdf)
- Department of Health and Human Services. (2012). Health information technology: Standards, implementation specifications, and certification criteria for electronic health record technology, 2014 edition; revisions to the permanent certification program for health information technology. Final rule. *Federal register*, 77(171), 54163–54292.
- Hill, C. E., Thompson, B. J., & Nutt-Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, 25(4), 517–572. <https://doi.org/10.1177/0011000097254001>
- Lund, E. M., & Schultz, J. C. (2015). Distance supervision in rehabilitation counseling: Ethical and clinical considerations. *Rehabilitation Research, Policy, and Education*, 29(1), 88-95. <https://doi.org/10.1891/2168-6653.29.1.88>
- McAdams, C. R. III, & Wyatt, K. L. (2010). The regulation of technology-assisted distance counseling and supervision in the United States: An analysis of current extent, trends, and implications. *Counselor Education and Supervision*, 49(3), 179-192. <https://doi.org/10.1002/j.1556-6978.2010.tb00097.x>

- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy* (2<sup>nd</sup> ed.). Sage Publications. <https://dx.doi.org/10.4135/9781849209663>
- Nasiri, F., & Mafakheri, F. (2015). Postgraduate research supervision at a distance: A review of challenges and strategies. *Studies in Higher Education*, 40(10), 1962-1969. <https://doi.org/10.1080/03075079.2014.914906>
- National Association of Social Workers. (2017). *2017 NASW code of ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration & Policy in Mental Health & Mental Health Services Research*, 42(5), 533-544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pew Research Center (2018, April 7). *Internet Broadband Fact Sheet*. <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/?menuItem=89fe9877-d6d0-42c5-bca0-8e6034e300aa>
- Rousmaniere, T., & Renfro-Michel, E. (2016). *Using technology to enhance clinical supervision*. American Counseling Association. <https://doi.org/10.1002/9781119268499>
- Rural Health Information Hub. (April 2021). *Map of health professional shortage areas: Mental health, by county, 2021*. <https://www.ruralhealthinfo.org/charts/7?state=MT>
- Stake, R. (1995). *The art of case study research*. Sage Publications.
- U.S. Department of Health & Human Services. (March 17, 2020). *OCR announces notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency*. HHS.gov. <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>
- Vaccaro, N., & Lambie, G. W. (2007). Computer-based counselor-in-training supervision: Ethical and practical implications for counselor educators and supervisors. *Counselor Education and Supervision*, 47(1), 46-57. <https://doi.org/10.1002/j.1556-6978.2007.tb00037.x>
- Yin, R. K. (2009). *Case study research: Design and methods* (4<sup>th</sup> ed.). Sage Publications. <https://doi.org/10.33524/cjar.v14i1.73>